| Effective October 1, 2000 | | | | | | | | | | 97 | 78 | 388 | |
|--|--|--|---------------|-------------------------------|-------------------------------|---|---|------------------------|-------------------|------------------------|---------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) | | | | | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN | |
| TOTAL CLAIMS | | | 50 | | | | | RATE | | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC | FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 52 minus 20= | | · 3 | | | X\$ 9= | | | OR | X\$18= | 576 |
| INDEPENDENT CLAIMS | | | 6. minus 3 = | | · 3 | | | X40= | | - · · · · | OR | X80= | 240 |
| MU | LTIPLE DEPENI | DENT CLAIM PF | IESENT | | | | | +135= | | - | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTA | L. | | OR | TOTAL | 1526 |
| CLAIMS AS AMENDED - PART II | | | | | | | | OTHER THAN | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | SMA | LLE | ENTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | · | RATI | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 49 | Minus | 5 | 52 | = | ^ | X\$ 9 | = | | OR | X\$18= | |
| | Independent | . 5 | Minus ••• (| | a | = | | X40: | _ | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT C | | | | | | | +135 | _ | trigit of a | ÓR | ′+270= | |
| | 11.0 | | | | | | | | AL | | 00 | TOTAL | , |
| | 101181104 | (Column 1) | | (Colu | mn 2) | (Column 3) | | ADDIT. F | EE | | | ADDIT. FEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RAT | Ε | ADDI- TIONAL FEE | K | RATE | ADDI- TIONAL FEE |
| | Total | . 48 | Minus | ** [| 48 | = 0 | | X\$ 9 | = | | OR | X\$18= | |
| | independent | · 5 | Minus | *** | 5 CCLAIM | <u> = </u> | | X40 | = | ing a tage. A | OR | X80= | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135 | = | | OR | +270= | |
| | | | | | | | | | TAL | | OR | TOTAL ADDIT, FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | . \ |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER IOUSLY FOR | PRESENT EXTRA | | RAT | Ε | ADDI- TIONAL FEE | | RATÉ | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | | = | | X\$ 9 | = | | OR | X\$18= | : 7 |
| | Independent | • | Minus | ••• | | = | | X40 | = | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135 | | | OR | | |
| * If the entry in column 1 is less than the entry in column 2 write "0" in column 3. | | | | | | | | | | | | TOTAL | |
| | "If the "Highest No | imber Previously F imber Previously F mber Previously Pa | aid For IN TH | IS SPACE | is less th | an 3. enter "3." | | ADDIT. I ound in th | | propriate bo | OR ox in c | ADDII. FEE | |
| | | | | | • | - | | | | | | | |

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Application or Docket Number